



LOWELL GENERAL HOSPITAL

**Lowell General Hospital  
Community Benefit Report**

**FISCAL YEAR 2006**

**October 1, 2005 – September 30, 2006**

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## 1.0 Vision

### Definition

The vision of Lowell General Hospital is to **“Be one of the best community hospitals in America.”** Specific elements of achieving “best” status include:

- Most technologically advanced
- Having an outstanding facility
- Offering a multi-disciplinary and multi-organizational treatment approach
- Providing excellent, measurable customer service; and,
- Changing the paradigm from illness treatment to health promotion- improving the community’s health status.

### Measurement

Attainment of this vision will be measured by community and physician loyalty, patient satisfaction, clinical quality metrics, and by achieving goals that are set for LGH as an employer, as well as for service excellence, quality, financial performance and growth.

## 2.0 Community Benefit Plan Goal

The goal of the Lowell General Hospital Community Benefit Plan is: **“To lead the community in improving community health status and access to care,”** by focusing on following five (5) specific services:

- Cardiovascular Care
- Oncology Care
- Maternal and Child Health
- Obesity and Diabetes
- Community Health and Wellness

## 3.0 Community Benefit Target Population

The target population served by Lowell General Hospital’s Community Benefit Plan is comprised of an estimated 300,000 people residing in the hospital’s primary service area towns of Lowell, Billerica, Chelmsford, Dracut, Dunstable, Tewksbury, Tyngsborough, and Westford, MA and Pelham, NH. LGH’s primary service area incorporates all Massachusetts’ towns, which make up the Greater Lowell CHNA 10 area.

Throughout Lowell General Hospital's service area, LGH and its affiliates - Lowell Community Health Center and VNA of Greater Lowell - serve the low-income, medically underserved population, many of whom have no other access to healthcare services. No area resident is denied medically necessary care because of a lack of ability to pay. A sliding scale is used for uninsured or underinsured patients and for those in financial hardship.

## **4.0 Objectives, 2006 Accomplishments and 2007 Plans**

### **4.1 Greater Lowell Health Alliance**

In 2005, Lowell General Hospital created the Greater Lowell Health Alliance to achieve one of the Hospital's major strategic goals – to improve the health of the community. Members of the Alliance include the leadership of health and educational institutions in the Greater Lowell area, including Lowell General Hospital, Saints Medical Center, UMass Lowell, Lowell Community Health Center, Middlesex Community College, the Visiting Nurse Association of Greater Lowell, Lowell public schools, the City of Lowell, and the State of Massachusetts Department of Public Health (See Membership List in Appendix G).

The specific goals and objectives of the Greater Lowell Health Alliance are outlined below:

**Goal:** “To create a strategic alliance of leading community organizations that will collaborate to identify, coordinate, strengthen and/or develop effective, culturally competent programs and services that will quantifiably and continuously improve the health status of the Greater Lowell community.”

#### **Objectives:**

1. Establish criteria for identifying health issues that pose a significant threat to the well being of the Greater Lowell community to be used as a baseline to assess needs and measure improvement.
2. Adapt current available disease data to include specific data relevant to the Greater Lowell community to be used as a baseline to assess needs and measure improvement.
3. Identify and inventory individual health-related efforts of leading corporations.
4. Identify and evaluate opportunities where healthcare services are not being provided and develop strategies to address high priority needs.
5. Research and adopt, when appropriate, best practice, evidenced-based initiatives that have proven successful in altering the behaviors of specific populations as related to documented incidence of specific diseases or other health-related issues in the Greater Lowell community.
6. Develop an integrated, collaborative plan of action to increase and enhance both the qualitative and quantitative measures for success.
7. Provide leadership in creating expanded partnerships within the Greater Lowell network of health care providers to achieve specific measures in meeting the national Healthy People 2010 goals.

8. Identify, explore, and expand opportunities for funding targeted initiatives.

## 4.2 Cardiovascular Care

### Objectives:

- Reduce the coronary heart disease death rate in the Greater Lowell CHNA 10 area

<u>2004/2005 Baseline</u>	<u>Healthy People 2010 Goal</u>	<u>2006 Actual</u>
171.3*	166*	131.1*

- Reduce cigarette smoking among adults age >18 in the Greater Lowell CHNA 10 area

<u>2004/2005 Baseline</u>	<u>Healthy People 2010 Goal</u>	<u>2006 Actual</u>
20%	12%	18.1%

\* Age adjusted rate per 100,000 population

### 2006 Accomplishments:

- **Women & Heart Disease Seminars** were offered 2 times and served 150 women. Cardiologists, exercise physiologists, and dieticians conducted seminars focusing on risk factors and preventative measures women can take to reduce risk of heart disease.
- **Yoga of the Heart Program** served 160 people in 2006. This informational program, followed by 2 sets of classes, is a six-week program of deep relaxation training and adapted yoga to help decrease blood pressure, boost immune function, improve clarity of mind and lower heart rate.
- **Heart Disease and Diabetes Program** provided 5 people with nutritional information on heart disease and diabetes.
- **Taste of Culture Health Fair** sponsored by LGH included a Lowell General Hospital table focused on Heart Healthy Eating. The Taste of Culture Health Fair is a free celebration of Lowell's cultural diversity, which offers attendees a chance to sample food from over a dozen cultures, view dance performances, learn basic folk steps, and learn more about their community neighbors.
- **Town of Westford Health Fair and Blood Pressure Screening** served over 500 attendees who were screened and/or received information on heart health.
- **Monthly Blood Pressure Screenings** are held at the Pheasant Lane Mall. For many years, Lowell General Hospital has co-sponsored "*Pheasant Lane Mile*," a one-mile walking program at the Pheasant Lane Mall. To date, hundreds of registered walkers have improved their cardiovascular fitness through this popular program. The Hospital's Cardiac Rehabilitation Program also offers monthly blood-pressure screenings and information on cardiac health to members. There is no cost to join the program.
- **VNA of Greater Lowell** sponsored monthly blood pressure screenings for elders in 15 senior centers and elderly housing sites in the area. These free "walk-in" clinics help seniors monitor

weight and blood pressure, gives them an opportunity to ask a nurse health related questions, and helps them prevent health complications.

- **Cambodian Community Health 2010 Project** is designed to reduce health disparities among the Cambodian population, particularly for diabetes and cardiovascular disease. This CDC funded program is supported by Lowell General Hospital and led by the Lowell Community Health Center. Lowell General Hospital and the VNA serve on the steering committee of the program which offers case management tools, educates area health providers, provides blood pressure/blood sugar screenings at local temples and the Cambodian Mutual Assistance Association, offers exercise and nutrition support and conducts educational and stress reduction groups in the community. As a result of the Cambodian Community Health Program, 80 elder Cambodians are actively utilizing services and participating in programs offered at the Lowell Senior Center, which was not utilized by this population in 2000.
- **LCHC and the Lowell Stroke Awareness Task Force**, of which LGS is a member, sponsored a train the trainer forum about the innovative MDPH program “Stroke Heroes Act FAST.” Over 90 people representing 30 organizations attended this training, aimed at increasing community awareness through education regarding early recognition of stroke signs and symptoms to maximize life saving services.
- **LCHC coordinated efforts with the National Kidney Foundation** to sponsor a free community-wide screening, to educate the public about early detection of kidney disease, and identify underlying conditions. Over 100 people were screened and over 30 health providers, community health workers, and students volunteered for this event.
- **LCHC reinstated smoking cessation and smoking case management services** at its sites.

### **2007 Plans:**

- Continue to offer LGH and VNA of Greater Lowell sponsored Cardiovascular Screening Programs free to the community, including blood pressure, cholesterol, and blood glucose screenings
- Expand the Pheasant Lane Mall Walking Program to include other screenings and quarterly seminars, in addition to monthly blood pressure screenings currently provided to walkers participating in the program
- Implement “Go Red for Women” Programming in collaboration with the American Heart Association to increase awareness of Heart disease in women
- Offer educational seminars on risk factors for heart disease
- Offer CPR courses and life safety information to service area residents, including working with local schools to increase CPR education among children
- Participate in FAST training to increase LGH providers’ knowledge of ways to help their patients become more aware of stroke risk factors and prevention measures
- Offer sessions of Smoking Cessation programs in conjunction with our Tobacco Free Campus and our Tobacco Task Force of the Greater Lowell Health Alliance

- Offer Smoking Prevention grant funding programs to local schools
- Offer a new Pacemaker Support Group
- Offer “Dance for your Heart” programs to provide exercise for fun and heart disease prevention on a quarterly basis
- Obtain funding to continue activities of the Cambodian Community Health 2010 Program

## 4.3 Oncology Care

### Objectives:

- Reduce the overall cancer death rate in the Greater Lowell CHNA 10 area

<u>2004/2005 Baseline</u>	<u>Healthy People 2010 Goal</u>	<u>2006 Actual</u>
208.9*	160*	225.9*

- Reduce the breast cancer death rate in the Greater Lowell CHNA 10 area

<u>2004/2005 Baseline</u>	<u>Healthy People 2010 Goal</u>	<u>2006 Actual</u>
27.1**	22.3**	26**

- Reduce the colorectal cancer death rate in the Greater Lowell CHNA 10 area

<u>2004/2005 Baseline</u>	<u>Healthy People 2010 Goal</u>	<u>2006 Actual</u>
20.7*	13.9*	17.9*

\* Age adjusted rate per 100,000 population

\*\* Age adjusted rate per 100,000 female population

### 2006 Accomplishments:

- **Offered professional Smoking Cessation program “Smoke Screen** at St. Michael’s School, with 103 students attending
- **Offered Cancer Awareness and Education Programs** to the general public including:
  - **Monthly Cancer awareness displays** in the Cancer Center Lobby, Hospital Main Lobby, LGH Surgery Center and LGH Medical Building, including
    - ◇ Lung Cancer/Pancreatic Cancer Display
    - ◇ Cervical Cancer Awareness Display
  - **Bay State Marathon** – Provided educational flyers on Prostate and Breast Cancer awareness to 1,500 runners
  - **Mt. Pleasant Breast Cancer Fashion Show** cancer education program
  - **Health Fair on Breast and Prostate Cancer** at Verizon in Andover and the Billerica Council on Aging
  - **Thyroid cancer education** session on Chelmsford Cable Channel
  - **Cancer education** session at Hannaford’s Supermarket
- **Provided Multiple Cancer Screening Programs** for the community at large, including:
  - **Colon Cancer Screening** of over 125 people

- ◇ Tewksbury – 6 attendees
  - ◇ Lowell – 64 attendees
  - ◇ Billerica – 6 attendees
  - ◇ Tyngsboro – 10 attendees
  - ◇ Dracut – 38 attendees
  - ◇ Chelmsford COA – 5 attendees
- **Skin Cancer Screening** – 77 people were screened by 2 physicians and 1 nurse practitioner
  - **Prostate Cancer Screening** – The Lowell General Hospital program screened 57 people. LCHC’s Metta Health Center collaborated with Merrimack Valley Elder Services to provide prostate cancer screening to about 50 Southeast Asian and other men.
- **Provided health professional education regarding cancer prevention, screening, education, and treatment, including:**
    - Multidisciplinary Conferences – The Cancer Center provides LGH staff and community provider education through Multidisciplinary Cancer Conferences at least five (5) times during a calendar year. These conferences provide information on community needs, prevention, detection, and effectiveness of current cancer care modalities.
    - Colon cancer screening guidelines presented at Grand Rounds for physicians
    - Thyroid cancer education to Lowell General Hospital staff
- **Provided cancer patient and family services free of charge, including:**
    - Sharing is Caring Patient /Family Monthly Newsletter, to increase communication to patients and their families regarding community and hospital cancer programs.
    - Exercise to Wellness classes were offered in November (12 weeks), March (Pilate’s 10 weeks), and May (Yoga for 10 weeks) to cancer patients in collaboration with their clinical services.
    - Complimentary Services, including Reiki and Meditation/Guided Imagery to our cancer patients in collaboration with clinical and nursing services
    - Weekly recognition and raffle held for National Caregivers Awareness month to recognize our Cancer Center patients’ caregivers
    - Cancer Center Annual Open House - a celebration for our cancer survivors
    - Relay for Life - hosted an \$1,800 reception for the American Cancer Society for the Westford, Billerica, and North Andover walks
    - Support Group Annual Holiday Party
  - **Administered TeamWalk Temporary Assistance Program** which distributed over \$221,000 to cancer patients, including \$19,212 for medication assistance, \$23,513 for temporary patient

assistance, \$153,907 for transportation, \$4,364 for the patient refreshment station in radiation, \$19,369 for patient education, and \$1,000 for community screening programs for prostate, skin and colon cancer.

- **Provided Cancer Support Groups** including:
  - Living with Breast and GYN Cancers – For women with breast or gynecological cancers
  - Caring for a Loved One – For caregivers involved in providing care to a loved one
  - Look Good Feel Better – a program of the American Cancer Society helping women undergoing cancer treatment to cope with the appearance-related side effects of treatment
  - Living with Cancer – For patients/families with cancer
  - “Us TOO” Prostate Cancer Support Group – For men with prostate cancer
  - Now What...Life After Loss – bereavement group for family and friends
  - “What About Me?” and “What About Me, Jr.?” – For children ages 7 to 10 and 11 to 17 to help deal with a loved one’s cancer or loss
  - Teen Support Group
  - Life After Loss – Adult Bereavement Support Group
  - Children’s Bereavement Group
  - Teen Bereavement Group

**2007 Plans:**

- Join TD BankNorth & Team Walk for Cancer Care in The Drive Against Prostate Cancer to bring a 39-foot mobile Prostate Cancer Screening Van to Lowell offering FREE prostate cancer screenings to area men in June
- Evaluate and form new partnerships to support our cancer patients and family members regarding survivorship issues, end of life issues, therapeutic cancer massage, and mastectomy/lumpectomy products.
- Join the Massachusetts Comprehensive Cancer Control Coalition, to assist them in their goal to reduce death and suffering due to cancer and host a conference in May
- Continue programs to educate the Greater Lowell community regarding cancer issues and recommended cancer screening guidelines.
- Expand Complimentary Services to cancer patients.
- Conduct prostate cancer screening at LCHC’s Metta Health Center

**4.4 Maternal Child Health**

**Objectives:**

- Reduce the infant mortality rate in the Greater Lowell CHNA 10 area

<u>2004/2005 Baseline</u>	<u>Healthy People 2010 Goal</u>	<u>2006 Actual</u>
5.3*	4.5*	3.3*

- Improve the percent of women that initiate maternal prenatal care in the first trimester in the Greater Lowell CHNA 10 area

<u>2004/2005 Baseline</u>	<u>Healthy People 2010 Goal</u>	<u>2006 Actual</u>
80.1%	90%	78.4%

- Increase the number of mothers who breastfeed in the early postpartum period in the Greater Lowell CHNA 10 area

<u>2004/2005 Baseline</u>	<u>Healthy People 2010 Goal</u>	<u>2006 Actual</u>
62.1%	75%	67.9%

\* Per 1,000 live births

## 2006 Accomplishments:

- **Breastfeeding Class was offered 9 times and served 101 women.** This one-session class introduces expectant mothers to information about breastfeeding, including nutrition, prenatal preparation and getting off to a good start.
- **Hypnobirthing Class was offered 4 times and served 19 women.** This class teaches expectant mothers to prepare for an easier, safe and more comfortable birth experience through proper nutrition, good posture, fitness and an attitude of trust in the birthing process. The Hypnobirthing techniques of self-hypnosis and deep relaxation promote confidence that will allow new mothers to experience the birth of their baby with relaxed expectation and joy.
- **Prepared Childbirth class was offered 14 times and served 163 expectant parents.** This one-day class guides expectant parents through the physical and emotional changes during pregnancy, labor and delivery. The course includes breathing and relaxation techniques, comfort measures, medication information and anesthesia options for labor and delivery.
- **Prepared Childbirth Education 6 week class was offered 13 times and served 120 people.** This six-week Prepared Childbirth Course guides expectant mothers through the physical and emotional changes during pregnancy, labor, and delivery. The course features elements of the Lamaze method.
- **Refresher Childbirth Class was offered 5 times and served 14 people.** This class is designed for parents who have previously had a baby. It presents an overview of the material contained in the Prepared Childbirth Course and an opportunity to review breathing and relaxation techniques and other pain relief options.
- **Prenatal Yoga was offered 5 times and served 68 women.** This seven-week course utilizes stretching, modified yoga postures, breathing and relaxation techniques to help honor the body during pregnancy and the birthing process.
- **Sibling Class was offered 9 times and served 56 children.** This hour long class provides children with an opportunity to explore their feelings concerning the arrival of a new baby. Children and parents can tour the Birthplace to see where their new baby brother or sister will be born.
- **New Mothers Support Group meets weekly** (led by RN's/Lactation Consultants) as a drop-in support group for new mothers. This group provides a place for mothers to come with questions and concerns or just to meet other new mothers.
- **Perinatal Loss Support Group meets monthly** and provides support and comfort when a family has suffered a loss through miscarriage, ectopic, stillbirth or neonatal death. To help parents through this difficult time, we offer free counseling and support from other families who have shared a similar loss.
- **Babysitting Basics was offered 11 times and served 209 children.** This course is designed to help develop babysitting skills for boys and girls ages 10 and older. Topics include: basic safety issues, first-aid, growth and development, baby-sitter activities, bottle-feeding, bath time and bed time, care and handling of infants, and more.

- **Multidisciplinary group visits at LCHC were offered** to pregnant women to integrate social case management and behavioral health services with prenatal services. LCHC offered childbirth education to its patients in 4 languages.
- **Developed a prenatal screening tool** in collaboration with the Institute of Health and Recovery in Cambridge, MA. Key areas include history of substance abuse, violence, depression, mental health, and safety. This tool is available in Spanish, Portuguese, Khmer and English. Medical assistants administer this tool and bring the results to providers who refer patients to behavioral health services or provide an immediate intervention, if indicated.
- **Screened for postpartum depression** during Pediatric visits with referrals to a support group and other services.
- **LCHC received a DPH grant to increase mental health capacity** at the Lowell High School based Health Center.
- **LCHC, in collaboration with Big Brother Big Sister and UTEC, conducted the Cambodian Youth Development Partnership and Teen Outreach Program** to promote prevention of substance abuse, HIV, violence, and pregnancy. The *Journey to Healing* promoted an understanding by youth about their parents' Khmer Rouge experience, resulting in improved inter-generational communication.
- **LCHC's Pediatric and Prenatal Departments served as WIC program sites.**

### **2007 Plans:**

- Offer parenting education programs designed for "new Dads"
- Expand teen parenting programs
- Offer child passenger safety programs with local police departments
- Convene a Child Safety Fair
- Offer a Baby Signs Program
- Add CPR to Babysitting Basics Program
- Offer a First Aid training Program for children
- Provide physician led monthly parenting lectures
- Offer Postnatal Programs
- Hire a LCHC social worker to provide mental health services in Lowell High School Based Health Center, through the Mental Health Association.
- Conduct a LCHC sponsored nutrition/exercise program after school.

- Continue and expand the LCHC Cambodian Youth Development Partnership, the League of Youth, and the Teen Outreach Program for prevention of HIV, violence, pregnancy, and substance abuse.

## 4.5 Obesity and Diabetes

### Objectives:

- Reduce the proportion of adults who are obese (based on BMI) in the Greater Lowell CHNA 10 area

<u>2004/2005 Baseline</u>	<u>Healthy People 2010 Goal</u>	<u>2006 Actual</u>
28.5%	15%	20.3%

- Reduce the overall rate of clinically diagnosed diabetes in the Greater Lowell CHNA 10 area

<u>2004/2005 Baseline</u>	<u>Healthy People 2010 Goal</u>	<u>2006 Actual</u>
5.5%	2.5%	5.6%

- Enhance the community's knowledge about various diseases and conditions, to help them make better health choices based on information and screenings in the Greater Lowell CHNA 10 area

## 2006 Accomplishments:

- **Convened the Healthy Weight Task Force** of key players to focus community efforts to reduce obesity. The Task Force includes representatives from the following community organizations:
  - Lowell General Hospital
  - Saints Medical Center
  - University of Massachusetts at Lowell
  - Middlesex Community College
  - Lowell Community Health Center
  - Visiting Nurses Association
  - City of Lowell
  - Lowell School Department
  
- **Developed a Draft Strategic Plan** to reduce obesity in the community, with the following “Criteria for Success” for program planning:
  - Empowers, excites the community
  - Interventions easily accessible to the people we are trying to reach
  - Interventions are effective & cost-effective, as measured by local data
  - Addresses system gaps/challenges
  - Advocates for change
  - Sustainable
  - Synergy/value added to the community
  - Expandable to & serves as model for other communities and towns
  - Increases opportunities for faculty research projects and student learning/internships (UML and Middlesex)
  - Increases visibility of member organizations
  - Makes good food affordable, attractive and accessible
  - Children & parents become more knowledgeable about healthy food choices

- Benefits residents by making it easier to travel without a car
- **Walking to a Better Health** served 94 people, providing an educational seminar on why physical activity matters, how to get started on a walking program, and how to get your community involved.
- **Create your Weight Program** served 30 people with a nine-week adult weight management program, developed and taught by Lowell General Hospital Dietitians. Nutrition experts teach participants how to make changes to control weight forever, not just a “fad diet.”
- **Center for Weight Management**- A support group held weekly and open to the public
- **Body Fat Analysis** – A computerized assessment to measure the percentage of fat and lean body weight, beneficial to monitor weight loss and muscle development, including recommendations about nutrition and exercise
- **Nutrition Counseling** – One-on-one consultations with a registered dietician to learn healthy eating habits for weight control and disease management
- **Nutrition Education** – Throughout the year, a registered nurse, certified diabetes educator and outpatient clinical dietician leads lectures on topics such as “Filtering Through the Fads” (about low-carb diets), “Carbohydrate Counting and Diabetes”, “Heart Health and Diabetes”, “Healthy Summer Desserts for Diabetics” and “Shopping Tour.”
- **Weight Management** – A six-week weight management workshop led by registered dietitians to help participants find and maintain the right weight loss plan.
- **Diabetes Prevention and Management Workshop** – An endocrinologist, podiatrist and registered dietician led program, featuring food demonstrations and information on resources
- **Diabetes Lecture Series** was offered 2 times and served 10 people. This series was led by a registered dietician and focused on carbohydrate counting and healthy eating.
- **LCHC received a 2006 Program of Excellence award from the Diabetes Coalition of Massachusetts** for outstanding work in the field of diabetes prevention and control, through its diabetes nurse case management in Adult Medicine, Metta Health Center services, and the Cambodian Community Health 2010 Program, which offers exercise activities and nutrition education for Cambodian adults.

## **2007 Plans:**

- Offer Pediatric Weight Loss programs
- Healthy Weight Task Force – Continue collaboration with different community agencies to establish the Work Group’s positive reputation in the community
- Strategic Plan to Reduce Obesity – Finalize the Healthy Weight Task Force’s strategic plan to reduce obesity in the community
- Benchmark Data on Obesity – Identify benchmark data to measure current rates of obesity in the population for public education, planning and future comparative purposes

- Community Walking Program – Create a Community Walking Program within each agency that participates in the Healthy Weight Task Force
- Lowell Walking Map - Develop a walking map for Lowell that provides the distance between landmarks, as well as the time and number of steps it takes to walk there
- Public Information Campaign - Pursue media coverage of the Healthy Weight Task Force’s plans, efforts, and accomplishments to reduce obesity in the area

## 4.6 Community Health and Wellness

**Objective:** To improve the community’s overall health status and access to care

### 2006 Accomplishments:

#### Access to Health Services

- **Lowell Community Health Center (LCHC)** continues to provide individuals and families a continuum of primary, preventive, behavioral, and complementary health services through a multi-service and culturally appropriate delivery model. LCHC’s service area encompasses ten strategic service delivery locations located in MUA census tracts. These locations include four primary care sites, four school health service centers, one homeless shelter, and an inpatient behavioral health treatment facility. Services provided include primary medical care for infants, children and adults; women’s reproductive health; obstetrical and gynecological care; behavioral health and substance abuse treatment both outpatient and inpatient; HIV testing, counseling, case management, and treatment; enabling services; alternative therapies; referrals; health benefits counseling, both in the community and at service sites; and health promotion and screenings.
- **LCHC patients and patient visits have increased.** In CY 2006 LCHC served 17,903 patients in primary care and almost 25,000 total users with 78,943 visits. This represents an increase from CY 2005, when LCHC served 16,646 primary medical users and 21,584 total users through 75,912 medical, behavioral, and enabling visits. Trends in patient and encounter numbers are provided below:
- **LCHC collaborated with several local, regional and national organizations to convene a nationwide town meeting held via videoconference** involving community members, health experts, and community leaders who discussed health and mental health issues and the continuing impact of the Khmer Rouge experience.
- **To continue to improve language access services.** LCHC added an “interpreter needed” field for daily scheduling to the practice management system. LCHC also strengthened its Medical Interpreter Policy to ensure effective, accurate linguistic access to health services, including a list of options in the event a trained staff medical interpreter is not available (e.g., use of the AT & T Language Line). Medical Interpreter trainings, with financial incentives, were also offered to staff.

- **A Khmer Medical Terminology** was offered by the Merrimack Valley Area Health Education Center, in collaboration with LCHC. Thirty-three (33) people enrolled and attended classes, and 29 (88%) successfully completed.
- **Professional education sessions** provided by LCHC include: a MARN (Massachusetts Association of Registered Nurses) approved activity for 1.2 contact hours for Cambodian Health Care Beliefs and Practices, which has been provided to numerous local educational institutions, provider practices, and skilled nursing facilities; African Health Beliefs presented to LCHC providers and staff, health education interns from the University of Massachusetts Lowell and, as part of a MDPH conference for Outreach Educators; cultural competence training included in all new employee orientations at LCHC, as well as annual staff orientations.
- **Cultural Competence** – LCHC is very active in the Greater Lowell Community Health Network Area 10 cultural competence sub-committee, which supports efforts to recruit, retain, and promote diverse staff and leadership.
- **To enhance transportation options for Cambodians**, a newly formed collaboration has been developed with the Greater Lowell Regional Transit Authority.
- **LCHC received a \$67,000 grant for 2.45 FTE Health Benefits** from MassHealth and Commonwealth Care.
- **To reduce over-utilization of emergency departments**, LCHC obtained a grant from the MA DPH for disease management interventions that improve self-management through patient/provider collaboration,
- **Key efforts by LCHC to improve access to care for uninsured include :**
  - The citywide Task Force on Healthcare for the Uninsured, led by LCHC, includes representatives from LGH, VNAGL, Saints Medical Center, and the Lowell Health Department.
  - An Endocrinologist is available the first Tuesday afternoon of every month; priority referrals are for uninsured LCHC patients in need of an endocrinology referral for diabetes, thyroid problems, and osteoporosis.
  - An Access to Care Advocate was hired to coordinate the referral process from both hospitals, VNA and LCHC.
  - LCHC has developed and maintained a “Help Us Help You” campaign that assists uninsured and underinsured people to obtain health insurance. Approximately 1000 individuals and their families are seen monthly by Health Benefits Coordinators for eligibility re-determination, eligibility verification, or assistance with new applications. In addition, LCHC informs and educates community agencies about eligibility changes and requirements through numerous outreach and health promotion activities. Since the process of referring uninsured or underinsured clients to a Health Benefits Coordinator has created an increased demand for new patient appointments, LCHC applied for an infrastructure grant through a Massachusetts managed care organization to increase evening and weekend hours and decrease emergency room usage.

- **LCHC developed a training program for lay Promotores(as) in Spanish and Portuguese** and trained ten (10) people to conduct workshops for community members regarding accessing the health care system.
- **LCHC celebrated Community Health Center Week.** Activities included a Reach Out and Read Program; a faith based leaders brunch attended by 12 pastors (to improve access to care for the uninsured and underinsured and reduce health disparities); a staff award and professional development workshop attended by 200 staff and board members, and a community cook out for approximately 800 people.
- **As part of a program for HIV/AIDS patients, a Directly Observed Therapy (DOT) program was implemented** to provide more intense outreach for a subset of patients who were willing but unable to successfully self-administer medication. The program included home visits and a formal contract with each client, to increase their confidence and belief in treatment, leading to medication self-administration.
- **Acupuncture was added to HIV services** for pain management.
- **Developed an outreach model to disseminate information about the services provided by LCHC,** through the Multicultural Connections for Health Program (MCCH) funded partially by the United Nations, LCHC developed, in partnership with the African Assistance Center (AAC) and International Institute.
- **LCHC continued treatment of survivors of torture** through the Multicultural Connections for Health Program (MCCH) funded partially by the United Nations, in partnership with the African Assistance Center (AAC) and International Institute.
- **Implemented monthly screenings and health promotion activities** on site at the Lowell Adult Basic Education Center.

### **Disease Prevention**

- **Flu Prevention** – VNA of Greater Lowell administered the flu vaccine to over 500 seniors, at local elderly housing sites.
- **Health Fairs** – LGH offered a wide variety of free or low-cost screenings for conditions such as cardiac health, skin cancer, cholesterol, high blood pressure, diabetes, pulmonary assessment, and weight management. These screenings are offered at the Hospital and within the community. LCHC participates in about 25 Health Fairs and community events each year.
- **In 2006** the VNA of Greater Lowell provided a six-session support group series on “Healthy Living” to people over age 60 at four senior centers: Lowell Senior Center, Portuguese-American Senior Center, Tyngsboro Multi-Service Center, and the Dracut Senior Center. Once a month for six months, the groups (10 people in each group) met to learn about and discuss nutrition, exercise, stress reduction, and other topics presented by VNA clinicians. The group sessions were offered without charge to participants, most of whom have diabetes or pre-diabetes, or live with someone who has diabetes or heart disease.
- **In 2006 the VNA conducted senior health clinics** at 14 senior centers and senior housing sites in Greater Lowell. The VNA clinic nurse is available each month (at some centers, weekly) to monitor

blood pressure and weight, review medications, and answer health questions from people over 60 during a brief private “drop-in” meeting. There is no charge to participants. Over 300 people are seen every week at these clinics.

- **In 2006 the VNA of Greater Lowell** provided free health care services to many patients who had no source of payment for these services. Non-reimbursed care included nursing, rehabilitation therapies, medical social services, home health aide assistance, and hospice care. Two hundred and three (203) nursing, rehabilitation, home health aide and medical social work visits were made to patients who could not afford care.
- **Stress Reduction Programs and Seminars** served 600 people. Offerings included:
  - Mindfulness Based Stress Reduction Program – An in-depth meditation and stress reduction course that involves developing a keen sense of awareness and centered living
  - Reiki – A natural process for healing by laying on of hands. Level I practitioners learn to channel basic Reiki energy to others and oneself. Level II training provides ongoing instruction and awareness of energy healing.
  - Graduate Mindfulness Program – An ongoing program in the experiential aspects of the practices of mindfulness

### **Support Groups**

- **Al-Anon/Alateen** – Beginner meetings and regular meetings are held weekly and run by Massachusetts Al-Anon/Alateen. Alateen is a fellowship of relatives and friends of alcoholics who believe their lives have been affected by someone else's drinking.
- **Gamblers Anonymous** – A fellowship of men and women who share their experiences of strength and hope as they work toward recovery, while helping others recover from gambling problems
- **Smart Recovery** – A self-help program for people with drug and alcohol problems and other compulsive behavior based on the principles of rational-emotion therapy
- **Managing Pain for Life** – A workshop for participations to learn comprehensive pain management techniques from pain management specialists
- **Arthritis Support Group** – Meets once a month 10 times a year to provide a supportive group environment for arthritis sufferers to learn and share information to better deal with their illness
- **Celebrating our Special Gifts** – Down Syndrome support group meets monthly, providing support and education for the parents of children with Down Syndrome

### **Cultural Competency**

In 2006, Lowell General Hospital funded CHNA 10 mini-grants that were awarded to community agencies to increase cultural competency and interpreter services of health and human service providers servicing the Greater Lowell area. Awardees included the following organizations:

- **Girl Scouts of Spar & Spindle Council Project:** Smart, Strong & Safe – to increase violence prevention and communication skills and to enhance cultural sensitivity and appreciation among girls ages 7-13
- **Lowell Community Health Center Project:** Direct Access Translation Project – translation of educational materials
- **Mental Health Association of Greater Lowell Project:** Addressing the Behavioral Health Needs of African Immigrants – to conduct forums to identify acculturation stressors specific to the African immigrant community and service delivery models to best meet their behavioral health needs, and to provide cross-cultural training to staff
- **Rape Crisis Services of Greater Lowell Project:** Medical Advocacy Program - to provide medical advocacy services for Cambodian clients
- **Saints Medical Center Project:** Multilingual Access to Dialysis Educational Documents – translation of dialysis educational materials into Khmer, Spanish and Portuguese

### **Public Information**

- ***For Your Health*** is a free quarterly LGH newsletter, mailed to 125,000 service area households, which contains up-to-date- health information, covering a wide range of health topics. In 2006, *For Your Health* provided information to the community on the following topics:
  - Winter 2006 – GERD, Peripheral Arterial Disease, Bringing Up Baby: Birth and Beyond
  - Spring 2006 – Acute Sinusitis, Varicose Veins, Radiation Therapy, Adolescent Sports Injuries
  - Summer 2006 – Diet and Exercise
  - Fall 2006 – Weight Loss, Heart Disease Risk Factors
- **Focus on Health** is a 15-minute weekly radio talk show, sponsored by LGH, featuring timely topics on medicine and the healthcare industry. The segment airs during the Sunrise Program on WUML-FM, 91.5 and the UMASS Lowell station, also affiliated with NPR. In 2006, Focus on Health provided the following informational programs to the community:
  - Recognizing Signs of a Stroke
  - Importance of Exercise
  - When you should bring your child to the Emergency Department
  - Nursing as a Profession
  - Sleep Disorders
  - Nutrition
  - Angioplasty

- Childhood Foot Problems
- Prostate Cancer
- EEE virus
- Breast Cancer
- **LCHC continues to host/produce TV and radio shows** about health issues in Khmer, English, Portuguese, and Spanish.
- **In 2006 the VNA of Greater Lowell** broadcast a daily one-minute message on the Lowell radio station, WCAP. Over half of these messages delivered wellness information to the community.
- **Speakers Bureau** – In 2006, Lowell General Hospital frequently provided speakers, free-of-charge, to address community organizations on a variety of health topics.

### **2007 Plans:**

- Continue senior health clinics, community wellness messages broadcast on WCAP, free health services and other services listed above.
- Continue the 55+ Health Programming – Monthly Healthy Aging topics to help the over 55 population including information on Alzheimer’s disease, falls prevention, low vision, and foot problems.
- Offer the Chronic Disease Self-Management Program (CDSMP), developed through the School of Medicine at Stanford University, to provide individuals with Diabetes and other chronic illnesses with skill tools to help them manage their health and maintain active and fulfilling lives.
- Offer physical activity programming at Lowell’s Riverwalk for the general public
- Initiate a Diabetes Support Group in collaboration with VNA of Greater Lowell and Lowell General Hospital
- Build interpreter capacity in the city, through a CHNA funded citywide training for interpreters and a training the trainers program for interpreters.
- LCHC will continue training Promotores(as) to teach community members how to access the health care system in Lowell.
- LCHC will obtain additional funding for Cambodian and African torture treatment to replace lost ORR funding at LCHC.
- Continue LCHC outreach through ESL classes, community events, and screenings at community-based organizations.
- Investigate financial resources to develop and implement an in-house Medical Interpreter training program at LCHC.

- Implement key priority areas in LCHC's five-year strategic plan for 2005-2009:
  - Secure a new/expanded facility to allow for consolidation of a majority of services into one facility with ample parking.
  - Assure timely access to care for new patient appointments and physical exams.
  - Assure adequate systems are in place as part of emergency back-up recovery for IT and electronic health records.
  - Strategize and implement actions to close the referral loop for follow-up referrals made to specialty care providers outside of LCHC.

## 5.0 LOWELL GENERAL HOSPITAL COMMUNITY BENEFIT EXPENDITURES

<b>A. Community Benefits Programs</b>	<b>Actual 2006</b>	<b>Budget 2007</b>
Estimated Expenditures		
Direct Expenditures	\$846,276	\$365,329
Associated Expenditures		
Determination of Need Expenditures		
Employee Volunteerism		
Other Leveraged Resources		
<i>Subtotal</i>		
<b>B. Community Service Programs</b>		
Estimated Expenditures		
Direct Expenses		
Associated Expenses		
Determination of Need Expenditures		
Employee Volunteerism		
Other Leveraged Resources		
<i>Subtotal</i>		
<b>C. Net Charity Care or Uncompensated Care Pool Contribution</b>	\$4,009,969	6,003,835
<b>D. Corporate Sponsorships</b>	\$50,000	
<b>Total Expenditures (Total A,B,C,D)</b>	\$4,906,245	\$6,369,164
<b>Total Patient Care-Related Expenses for 2006</b>	\$145,365,622	\$156,109,319

# APPENDIX

## A. Development of Community Benefit Plan

Lowell General Hospital's Community Benefit Plan is an integral part of its 2005 – 2010 Strategic Plan, which focuses on five (5) Pillars of Excellence: People, Service, Quality, Financial and Growth. The Hospital's strategic goals, objectives and actions steps are identified within these 5 Pillars of Excellence."

Under the Quality Pillar of Excellence, objectives and action steps were adopted by the Hospital's Board of Directors to meet the Hospital's Vision for "improved community health and access to quality care for all"

Subsequent to adoption of the LGH Strategic Plan, the hospital reorganized its various departments to better integrate the hospital's strategic objectives, including community health improvement, into the hospital's organizational and fiscal structure. Thus, fiscal year 2006 represented a transition year for Lowell General Hospital, as we reorganized our services, programs and resources to more effectively address the needs of our patients, as well as the community we serve "outside the walls of the organization," through community health improvement initiatives.

## B. Community Health Needs Assessment

### Methodology

Through the Hospital's Strategic Planning process, extensive research was conducted to identify community health needs and gaps in area health services. Lowell General Hospital developed its Community Benefit Plan to deliver Community Benefit programs that address these unmet community health needs.

Data collected to support the Community Benefit Plan included the compilation of a comprehensive inventory of all programs and activities provided by the Hospital, its affiliates, and other community health providers, as well as the collection and analysis of data that profiled the health status and healthcare needs of the service area population, based on:

- Healthy People 2010 National Report
- U.S. Census data
- *The Health of the Merrimack Valley Report*
- Patient diagnostic data
- Lowell General Hospital market research throughout the communities we serve, to assess community health care issues and unmet needs
- Requests for services
- Value of Uncompensated Services provided each year
- Patient/caregiver surveys
- Physician surveys
- Clinician reports
- Health disparities data
- Feedback from colleagues in other health care settings, coalitions, and community agencies that serve underserved / minority / poor populations and people in special need

LCHC uses a community oriented primary care strategy that integrates federal CLAS (Culturally And Linguistically Appropriate Services) standards. Needs assessment methodologies include:

- Key community health status indicators from local, state, and national data sets.
- Program specific evaluations developed by lead evaluators from research institutions such as Brandeis University and the University of Massachusetts Lowell.
- Leading health indicators for Massachusetts, which are also in alignment with Healthy People 2010 standards. Specific indicators of concern for Lowell compared to the state and HP 2010, including overweight and obesity, cancer and CVD deaths, sexual risk-taking behavior among adolescents, substance abuse, mental health, diabetes, and access to care.
- Community focus groups, population specific surveys, and key informant interviews.

## Assessment Findings

Community Needs Assessment demographic and health status data indicate that Greater Lowell is an area of great need.

- **Ethnicity** – According to the 2000 Census, there are 105,167 people living in Lowell; 16.5% are Asian, 4% Black, 14% Hispanic, 69% White and 6.5% are of “other” ethnic backgrounds. Twenty-two percent (22%) of the Lowell population is foreign born, compared to 12% of the Massachusetts population. Lowell is the home of the second largest concentration of resettled Cambodians in the United States and the third largest Cambodian community outside of Cambodia. These diverse populations face barriers to health care access such as language, fear due to immigration status, lack of provider understanding about their cultural beliefs and practices, low literacy or illiteracy, and poverty.
- **Poverty** – In 1999, 14% of families and 17% of individuals in Lowell lived in poverty, about double the State poverty rates of 7% and 9%, respectively. According to the 2000 Census, a single female heads approximately one-third of families in Lowell. More than 28% of Lowell’s children live in poverty, which is more than two times the 13% Massachusetts State childhood poverty level. It is estimated that 19% or 20,000 Lowell residents are uninsured, twice the State average.
- **Lowell Community Health Center Population**– The majority of patients served by the Lowell Community Health Center (LCHC) have MassHealth or little or no health insurance, and 95% live at or below the poverty level. Almost half of LCHC’s patient population is under 18 years of age, and the majority of women are in their childbearing years. In 2006, 37% of patients were White/non-Hispanic; 28% were Latino; 27% were Asian (primarily Cambodians) and 8% were African immigrants. Over 56% of patients were best served in a language other than English.

## Oncology Care

Lowell General Hospital’s Cancer Committee determines the areas of focus for the Hospital’s Cancer Programs based on data from the Hospital’s Cancer Registry, the Centers for Disease Control, feedback from cancer patients and their families, and input and data derived from the hospital’s participation on national and local American Cancer Society Advisory Boards. For example:

- **Prostate Cancer** – An estimated 1 out of 6 American men will have prostate cancer in their lifetime. The incidence of prostate cancer appears to be increasing, particularly for African American men whose prostate cancer risk is twice as high as whites’
- **Skin Cancer** – An estimated 1 out of 7 people in the United States will develop some form of skin cancer during their lifetime.

## **Maternal and Child Health**

- **Lack of Prenatal Care** – According to the Massachusetts Department of Public Health, Lowell has the second lowest proportion of mothers receiving adequate prenatal care. In 2004, only 68.4% of Lowell mothers received adequate prenatal care, compared to 84.2% for Massachusetts, as measured by the Adequacy of Prenatal Care Utilization Index.
- **Teen Pregnancy** – Lowell has the 8<sup>th</sup> highest teen pregnancy rate in Massachusetts. In 2004, Lowell experienced 49.6 teen births per 1,000 females aged 15 – 19 years, compared to 22.2 for Massachusetts. Twenty-two percent (22%) of these births were to mothers who had at least one previous live birth. (Source: Massachusetts Department of Public Health, Center for Health Information, Statistics, Research and Evaluation, 2004).

## **C. The Community Benefit Plan Budget**

The Community Benefit Plan budget is aligned with the Hospital’s overall Strategic Plan and is determined in conjunction with the overall budget of the Hospital and its affiliates, based on the availability of resources. Allocation among the various programs is based on priority, community need and evaluation of program effectiveness.

## **D. Community Participation – CHNA10 and Greater Lowell Health Alliance (see Section 4.1)**

In addition to the Greater Lowell Health Alliance described in Section 4.1 of this report, community participation is also achieved through the Community Health Network Area 10, a Lowell General Hospital funded coalition of health care providers in the Greater Lowell area. Since its inception, Lowell General Hospital has funded and participated in the CHNA 10 efforts to foster and improve community health. Lowell Community Health Center and the VNA of Greater Lowell are also active members of the CHNA 10.

## **E. Review, Evaluation and Update of the Community Benefit Plan**

Lowell General Hospital’s Community Benefit Plan is part of the Hospital’s Strategic Plan, which is approved by the Hospital’s Board of Directors. A management team comprised of the Vice President of Administration, the Manager of Community Health & Education, and the Director of Planning and Research oversees implementation of the LGH Community Benefit Plan.

The Hospital’s Community Benefit Plan is reviewed annually to assure that the Plan addresses the identified health needs of the Hospital’s service area population. Evaluation of Lowell General Hospital’s Community Benefit Plan effectiveness will be based on benchmark data presented in the Objectives section of this report (e.g., reduce obesity, heart disease deaths, infant mortality, etc.), compared to future data measures for these

objectives provided by data sources such as Healthy People 2010, Mass CHIP Department of Public Health Reports and others, as appropriate.

As new community needs are identified by a variety of sources - including the Greater Lowell Community Health Network CHNA10, Lowell's Cambodian Mutual Assistance Association, community needs reports from the Northeast Center for Healthy Communities, and Mass CHIP - the Plan may be modified to adequately address the community's most compelling health needs. Modification of the LGH Community Benefit Plan will be based on the following criteria, to assure that all Lowell General Hospital's Community Benefit Programs:

- Are aligned with the Hospital's Strategic Plan
- Effectively address an identified community health need
- Target at-risk, medically underserved and minority populations
- Efficiently utilize hospital resources to positively impact community health status indicators
- Are realistic and achievable

## **F. Method for the Dissemination of the Community Benefit Plan**

Lowell General Hospital's Community Benefit Plan is communicated to Hospital staff at all levels of the organization, through the Hospital's Strategic Plan, as well as Hospital management meetings at both the Departmental and Supervisory level. Criteria for staff evaluation include their ability to meet the objectives of LGH's Strategic and Community Benefit Plan.

Community Benefit information is disseminated to the public through LGH's promotional materials, including its Annual Report, weekly employee newsletter titled Heartbeat, and the Hospital's quarterly newsletter, For Your Health, mailed to Greater Lowell residents and also available in locations throughout the Hospital campus and its satellite facilities.

• **Lowell General Hospital Community Benefit Program Contacts**

<b>Community Benefit Responsibility</b>	<b>Name</b>	<b>Title</b>	<b>Phone Number/e-mail</b>
<b>Primary Contact</b>	Michelle Muller	Manager, Community Health Education	978-937-6038 <a href="mailto:mmuller@lowellgeneral.org">mmuller@lowellgeneral.org</a>
<b>LGH Affiliates</b>	Dorcas Grigg-Saito	CEO, Lowell Community Health Center	978-746-7851 <a href="mailto:dorcasgr@lchealth.org">dorcasgr@lchealth.org</a>
	Irene Egan	Director of Community Development, VNA of Greater Lowell	978-459-9343, ext. 2641 <a href="mailto:community@vnalowell.org">community@vnalowell.org</a>
<b>Cardiovascular Care</b>	Pat Morse	Director of Cardiology and Rehabilitative Services	978-937-6226 <a href="mailto:pmorse@lowellgeneral.org">pmorse@lowellgeneral.org</a>
<b>Oncology Care</b>	Meg Lemire-Berthel, MSW	Director of Social Work, Cancer Center	978-937-6142 <a href="mailto:mlemire@lowellgeneral.org">mlemire@lowellgeneral.org</a>
<b>Maternal &amp; Child Health</b>	Michelle Muller	Manager, Childbirth Education	978-937-6038 <a href="mailto:mmuller@lowellgeneral.org">mmuller@lowellgeneral.org</a>
<b>Obesity and Diabetes</b>	Julie Handy	Community Educator Healthy Weight Task Force, Co Chair	978-788-7078 <a href="mailto:jhandy@lowellgeneral.org">jhandy@lowellgeneral.org</a>
<b>Community Health Initiative Greater Lowell Health Alliance</b>	Win Brown	VP, Administration	978-937-6448 <a href="mailto:wbrown@lowellgeneral.org">wbrown@lowellgeneral.org</a>
<b>Community Health and Wellness</b>	Michelle Muller	Manager, Community Health Education	978-937-6038 <a href="mailto:mmuller@lowellgeneral.org">mmuller@lowellgeneral.org</a>

## Greater Lowell Health Alliance Membership

Name	Company	Title
Ann Montminy	Middlesex Comm. College	Health Careers
Bernie Lynch	Lowell Health	City Manager
Carole Cowan	Middlesex Comm. College	President
Claire Golas	LPS	Public School Department
Cynthia Butters	Middlesex Comm. College	
David Wegman	UMass Lowell	Dean of Health and Environment
Dawn Cooper	Lowell Health	
Deirdra Murphy	UMass Lowell	Assistant Professor
Dorcas Grigg-Saito	Lowell Community Health Center	Executive Director
Frank Singleton	Lowell Health	Director
Jim Lee	UMass Lowell	Associate Professor
John Descoteaux	Lowell Public Schools	Director of Transportation
Julie Handy	Lowell General Hospital	Health Educator
Karla Baehr	LPS	Superintendent of Schools
Katherine Gehly	Middlesex Comm. College	Nursing Department
Leanne Winchester	CTI HeadStart	Director of Health & Nutrition Services
Lenore Azaroff	UMass Lowell	Research Professor
Linda Langford	Department of Public Health	Strategic Planner
Lisa Breen	Lowell General Hospital	Director of Planning and Research
Lissa A. Sirois	WIC	Director
Lynda Graham-Meho	MDPH	Community Liaison
Margaret Gilsenberg	Citywide Parent Council	
Michael Guley	Saints Medical Center	President and CEO
Michelle Muller	Lowell General Hospital	Manager, Community Health
Munty Pot	Lowell Community Health Center	Program Development
Nancy Pettinelli	VNA	Executive Director
Norm Deschene	Lowell General Hospital	President/ CEO
Pat Crane	Lowell General Hospital	Special Assistant to the President
Paulette Renault-Caragianes	Lowell Community Health Center	
Pauline Ladebauche	UMass Lowell	Director of Academic Administration
Sheila Och	Lowell Community Health Center	Director of Community Health Promotions
Sidney Liang	Lowell Community Health Center	Director of Cambodian Comm. Health Program
Supriya Lahiri	UMass Lowell	Professor, Economics
Susan Reece	UMass Lowell	Professor, Nursing
Thomas Wilson	UMass Lowell	Associate Professor
Winfield Brown	Lowell General Hospital	VP, Administration